



0360

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	09/929,939
	Filing Date	8-15-01
	First Named Inventor	Parthasarathy
	Art Unit	
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	176.01

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number →

Place Customer
Number Bar Code
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<input checked="" type="checkbox"/> Firm or Individual Name	Ms. Medha Agnikumar Vyas				
Address	336 Jolly Maker Apt. 1, Cuffe Parade				
Address					
City	Colaba	State	Mumbai	ZIP	IN 400005
Country	India				
Telephone		Fax			

~~This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change." (PTO/SB/124).~~

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name: Keith R. Derrington

Signature:

Date: November 12, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.